

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF TENNESSEE

Case number (if known)

Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>GLASS CAGES.COM, LLC</u>		
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	DBA <u>GLASSCAGES, TWIN OAKS</u> <u>DBA GLASS CAGES PET SHOP</u>		
3. Debtor's federal Employer Identification Number (EIN)	<u>26-1886402</u>		
4. Debtor's address	Principal place of business <u>1500 EAST PINEY RD</u> <u>DICKSON, TN 37055</u> Number, Street, City, State & ZIP Code	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code	Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	<u>GLASSCAGES@GMAIL.COM</u>		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to *Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years? No. Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? No Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____

District _____ When _____ Case number, if known _____

11. Why is the case filed in this district? *Check all that apply:*

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? No Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention? (Check all that apply.)** It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

 It needs to be physically secured or protected from the weather. It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options). Other _____**Where is the property?**

Number, Street, City, State & ZIP Code _____

Is the property insured? No Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds** *Check one:* Funds will be available for distribution to unsecured creditors. After any administrative expenses are paid, no funds will be available to unsecured creditors.**14. Estimated number of creditors**

- 1-49
 50-99
 100-199
 200-999

- 1,000-5,000
 5001-10,000
 10,001-25,000

- 25,001-50,000
 50,001-100,000
 More than 100,000

15. Estimated Assets

- \$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

- \$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

- \$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

16. Estimated liabilities

- \$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

- \$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

- \$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

Debtor **GLASS CAGES.COM, LLC**
Name _____

Case number (*if known*) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 11, 2018**
MM / DD / YYYY

X /s/ ELIZABETH FIALA

Signature of authorized representative of debtor

ELIZABETH FIALA

Printed name

Title **PRESIDENT**

18. Signature of attorney

X /s/ Steven L. Lefkovitz

Signature of attorney for debtor

Date **January 11, 2018**

MM / DD / YYYY

Steven L. Lefkovitz 5953

Printed name

LEFKOVITZ & LEFKOVITZ

Firm name

**618 CHURCH ST., #410
NASHVILLE, TN 37219**

Number, Street, City, State & ZIP Code

Contact phone **615-256-8300**

Email address **slefkovitz@lefkovitz.com**

5953

Bar number and State

Fill in this information to identify the case:

Debtor name GLASS CAGES.COM, LLC

United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 11, 2018

X /s/ ELIZABETH FIALA

Signature of individual signing on behalf of debtor

ELIZABETH FIALA

Printed name

PRESIDENT

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **GLASS CAGES.COM, LLC**

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known): _____

Check if this is an
amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AADVANTAGE AVIATOR RED MC PO BOX 13337 PHILADELPHIA PA 19101						\$30,875.00
AMERICAN EXPRESS ATTN: SE LEGAL HOLDS PO BOX 53825 PHOENIX, AZ 85072		UCC FILING ON INVENTORY, EQUIPMENT, ETC.		\$76,802.84	\$0.00	\$76,802.84
ASSN COMPANY C/O CORP SVC CO AS RPSNTVE PO BOX 2576 SPRINGFIELD, IL 62708		UCC FILING ON INVENTORY, EQUIPMENT, ETC.		Unknown	\$0.00	Unknown
BANKAMERICARD AOPA BANK OF AMERICA PO BOX 92234 EL PASO, TX 79998						\$15,500.00
BMO HARRIS 141 W JACKSON BLVD #1000 CHICAGO IL 60604		2016 PRO STAR INTERNATIONAL TRUCK		\$114,346.14	\$30,000.00	\$84,346.14
CHASE PO BOX 15298 WILMINGTON DE 19886						\$15,961.00
CHASE SLATE PO BOX 15298 WILMINGTON DE 19886						\$7,497.00
CHASE SLATE PO BOX 15298 WILMINGTON DE 19886						\$19,085.00

Debtor **GLASS CAGES.COM, LLC**
Name _____

Case number (*if known*) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
CITI PO BOX 6241 SIOUX FALLS SD 57117						\$16,848.95
DEX.YP PO BOX 6010 CAROL STREAM IL 60197						\$84.06
DISCOVER ATTN: BANKRUPTCY DEPT PO BOX 3025 NEW ALBANY, OH 43054						\$16,802.00
EVEREST BUS FUNDING ATTN: ALEXANDRA REYES 8200 NW 52 TERRACE 2ND FLOOR MIAMI, FL 33166						\$50,000.00
LENDFI CORP 724 WALT WHITMAN RD MELVILLE NY 11747						\$150,000.00
LENDINI 884 TOWN CENTER DR LANGHORNE PA 19047						\$53,000.00
LOWES BANKRUPTCY DEPT PO BOX 965060 ORLANDO, FL 32896						\$3,115.98
ON DECK 1400 BROADWAY NEW YORK NY 10018						\$92,698.32
SOUTHEAST CMNTY CAPITAL DBA PATHWAY LENDING 201 VENTURE CR NASHVILLE, TN 37228						\$64,500.00

Fill in this information to identify the case:

Debtor name **GLASS CAGES.COM, LLC**

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. Total personal property:

Copy line 91A from *Schedule A/B*..... \$ **126,852.00**

1c. Total of all property:

Copy line 92 from *Schedule A/B*..... \$ **126,852.00**

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **198,647.53**

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **535,967.31**

4. Total liabilities

Lines 2 + 3a + 3b

\$ **734,614.84**

Fill in this information to identify the case:

Debtor name **GLASS CAGES.COM, LLC**

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

**TRISTAR BANK- CHECKING-
(OPERATING ACCT) \$3,814**

3.1. **TRISTAR BANK- CHECKING- \$3,906**

\$7,720.00

4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$7,720.00

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	7,232.00	-	3,616.00	=	\$3,616.00
	face amount		doubtful or uncollectible accounts		

Debtor GLASS CAGES.COM, LLC
Name _____

Case number (*If known*) _____

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$3,616.00

Part 4: **Investments**

13. Does the debtor own any investments?

No. Go to Part 5.

Yes Fill in the information below.

Part 5: **Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.

Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials GLASS-12,000 ACRYLIC-6,700 PACKAGING MATERIALS-2,000 SHOP SUPPLIES-1,500		\$22,200.00		\$22,200.00

20. Work in progress

JOBs IN PROGRESS

NOTE: (Approximately \$114,745.00 pre-paid for jobs in progress also)

\$3,616.00 \$3,616.00

21. Finished goods, including goods held for resale

22. Other inventory or supplies

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$25,816.00

24. Is any of the property listed in Part 5 perishable?

No

Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

No

Yes. Book value _____

Valuation method _____

Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

No

Yes

Part 6: **Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.

Yes Fill in the information below.

Debtor GLASS CAGES.COM, LLC
Name _____

Case number (*If known*) _____

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software 2 COMPUTERS, 2 PRINTERS, TELEPHONE SYSTEM, MISCELLANEOUS OFFICE SUPPLIES	\$2,000.00		\$2,000.00
CHAIRS & CARTS	\$200.00		\$200.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86.	\$2,200.00
44. Is a depreciation schedule available for any of the property listed in Part 7?	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes	
45. Has any of the property listed in Part 7 been appraised by a professional within the last year?	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes	

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 2016 PRO STAR INTERNATIONAL TRUCK	\$0.00		\$30,000.00
47.2. 2014 FORD E250 VAN	\$0.00		\$13,400.00
47.3. 2015 DURASTAR MEDIUM DUTY TRUCK	\$0.00		\$19,000.00
47.4. KUBOTA RTV CART	\$2,000.00		\$2,000.00

Debtor GLASS CAGES.COM, LLC
Name _____

Case number (*If known*) _____

47.5. **3 SEMI-TRAILERS
(1980's/1990's MODELS)** \$1,500.00 \$1,500.00

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

20 YR OLD GLASS WASHER-1,000 3 YR OLD
GLASS POLISHER-8,000 SANDER-500
SANDING TOOLS-500 5 YR OLD HOLE
DRILLER-5,200 ACRYLIC BENDER-1,200
PACKING TOOLS-200 MISC. SAWS, TOOLS,
ETC.-1,000 1990 FORKLIFT-2,000 OUTDOOR
CEILING CRANE-500 INDOOR CEILING
CRAIN-1,000 GLASS CARTS-500

\$21,600.00

\$21,600.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$87,500.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- No
 Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- No
 Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- No. Go to Part 10.
 Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.
 Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes Fill in the information below.

Debtor GLASS CAGES.COM, LLC
Name _____

Case number (*If known*) _____

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$7,720.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$3,616.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$25,816.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$2,200.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$87,500.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$126,852.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$126,852.00

Fill in this information to identify the case:

Debtor name **GLASS CAGES.COM, LLC**

United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE

Case number (if known)

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

	<i>Column A</i>	<i>Column B</i>
	Amount of claim	Value of collateral that supports this claim
2.1 AMERICAN EXPRESS Creditor's Name ATTN: SE LEGAL HOLDS PO BOX 53825 PHOENIX, AZ 85072 Creditor's mailing address	Describe debtor's property that is subject to a lien UCC FILING ON INVENTORY, EQUIPMENT, ETC.	Do not deduct the value of collateral. \$76,802.84
Creditor's email address, if known	Describe the lien UCC FILING	\$0.00
Date debt was incurred	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number CL-GNAYU	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
2.2 ASSN COMPANY Creditor's Name C/O CORP SVC CO AS RPSNTVE PO BOX 2576 SPRINGFIELD, IL 62708 Creditor's mailing address	Describe debtor's property that is subject to a lien UCC FILING ON INVENTORY, EQUIPMENT, ETC.	Unknown
Creditor's email address, if known	Describe the lien UCC FILING	\$0.00
Date debt was incurred	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply	

Debtor **GLASS CAGES.COM, LLC**
Name _____

Case number (if known) _____

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

- Contingent
 Unliquidated
 Disputed

2.3 BMO HARRIS

Creditor's Name

**141 W JACKSON BLVD
#1000
CHICAGO IL 60604**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
2016 PRO STAR INTERNATIONAL TRUCK

\$114,346.14

\$30,000.00

Describe the lien

PMSI LIEN ON VEHICLE

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

2.4 BMO HARRIS

Creditor's Name

**141 W JACKSON BLVD
#1000
CHICAGO IL 60604**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
2015 DURASTAR MEDIUM DUTY TRUCK

\$0.00

\$19,000.00

Describe the lien

PMSI LIEN ON VEHICLE

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

2.5 FORD MOTOR CREDIT

Creditor's Name

**C/O NATL BANKRUPTCY
SVC
PO BOX 62180
COLORADO SPRINGS, CO
80962**

Creditor's mailing address

Describe debtor's property that is subject to a lien
2014 FORD E250 VAN

\$7,498.55

\$13,400.00

Describe the lien

PMSI LIEN ON VEHICLE

Debtor **GLASS CAGES.COM, LLC**
Name _____

Case number (if known) _____

Creditor's email address, if known _____

Is the creditor an insider or related party?

- No
 Yes

Date debt was incurred _____

Is anyone else liable on this claim?

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H)

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

2.6 KUBOTA CREDIT COP

Creditor's Name _____

**4400 AMON CARTER BLVD
#100
FT WORTH TX 76155**

Creditor's mailing address _____

Describe debtor's property that is subject to a lien

\$0.00

\$2,000.00

KUBOTA RTV CART

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$198,647.53**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**FUNDING METRICS LLC
C/O CMRCL ASSET RECOVERY
1330 AVE OF THE AMERICAS #23-A
NEW YORK, NY 10019**

Line 2.1

**FUNDING METRICS LLC/LENDINI
884 TOWN CENTER DR
LANGHORNE PA 19047**

Line 2.1

Fill in this information to identify the case:

Debtor name **GLASS CAGES.COM, LLC**

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim
3.1 Nonpriority creditor's name and mailing address AADVANTAGE AVIATOR RED MC PO BOX 13337 PHILADELPHIA PA 19101 Date(s) debt was incurred _____ Last 4 digits of account number <u>0902</u>	\$30,875.00 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2 Nonpriority creditor's name and mailing address BANKAMERICARD AOPA BANK OF AMERICA PO BOX 92234 EL PASO, TX 79998 Date(s) debt was incurred _____ Last 4 digits of account number <u>6605</u>	\$15,500.00 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3 Nonpriority creditor's name and mailing address CHASE PO BOX 15298 WILMINGTON DE 19886 Date(s) debt was incurred _____ Last 4 digits of account number <u>9891</u>	\$15,961.00 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4 Nonpriority creditor's name and mailing address CHASE SLATE PO BOX 15298 WILMINGTON DE 19886 Date(s) debt was incurred _____ Last 4 digits of account number <u>5079</u>	\$19,085.00 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	GLASS CAGES.COM, LLC	Case number (if known)	
Name			
3.5	Nonpriority creditor's name and mailing address CHASE SLATE PO BOX 15298 WILMINGTON DE 19886 Date(s) debt was incurred _____ Last 4 digits of account number <u>8349</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,497.00
3.6	Nonpriority creditor's name and mailing address CITI PO BOX 6241 SIOUX FALLS SD 57117 Date(s) debt was incurred _____ Last 4 digits of account number <u>7488</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,848.95
3.7	Nonpriority creditor's name and mailing address DEX.YP PO BOX 6010 CAROL STREAM IL 60197 Date(s) debt was incurred _____ Last 4 digits of account number <u>SHOP</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.06
3.8	Nonpriority creditor's name and mailing address DISCOVER ATTN: BANKRUPTCY DEPT PO BOX 3025 NEW ALBANY, OH 43054 Date(s) debt was incurred _____ Last 4 digits of account number <u>0456</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,802.00
3.9	Nonpriority creditor's name and mailing address EVEREST BUS FUNDING ATTN: ALEXANDRA REYES 8200 NW 52 TERRACE 2ND FLOOR MIAMI, FL 33166 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
3.10	Nonpriority creditor's name and mailing address LENDFI CORP 724 WALT WHITMAN RD MELVILLE NY 11747 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150,000.00
3.11	Nonpriority creditor's name and mailing address LENDINI 884 TOWN CENTER DR LANGHORNE PA 19047 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,000.00

Debtor **GLASS CAGES.COM, LLC**

Case number (if known)

Name

3.12	Nonpriority creditor's name and mailing address LOWES BANKRUPTCY DEPT PO BOX 965060 ORLANDO, FL 32896	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,115.98
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number OAKS	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	Nonpriority creditor's name and mailing address ON DECK 1400 BROADWAY NEW YORK NY 10018	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$92,698.32
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address SOUTHEAST CMNTY CAPITAL DBA PATHWAY LENDING 201 VENTURE CR NASHVILLE, TN 37228	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$64,500.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1
5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	0.00
5b.	+	\$ 535,967.31
5c.	\$	535,967.31

Fill in this information to identify the case:

Debtor name **GLASS CAGES.COM, LLC**

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name **GLASS CAGES.COM, LLC**

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1	FIALA, ELIZABETH A	1500 EAST PINEY RD DICKSON TN 37055	AADVANTAGE AVIATOR RED MC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.1</u> <input type="checkbox"/> G _____
2.2	FIALA, ELIZABETH A	1500 EAST PINEY RD DICKSON TN 37055	CHASE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.3</u> <input type="checkbox"/> G _____
2.3	FIALA, ELIZABETH A	1500 EAST PINEY RD DICKSON TN 37055	DISCOVER	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
2.4	FIALA, ELIZABETH A	1500 EAST PINEY RD DICKSON TN 37055	LOWES	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.12</u> <input type="checkbox"/> G _____
2.5	FIALA, ELIZABETH A	1500 EAST PINEY RD DICKSON TN 37055	BANKAMERICARD AOPA	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.2</u> <input type="checkbox"/> G _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

2.6	FIALA, ELIZABETH A	1500 EAST PINEY RD DICKSON TN 37055	KUBOTA CREDIT COP	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.7	FIALA, THOMAS A	1500 EAST PINEY RD DICKSON TN 37055	CHASE SLATE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.4</u> <input type="checkbox"/> G _____
2.8	FIALA, THOMAS A	1500 EAST PINEY RD DICKSON TN 37055	CHASE SLATE	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.5</u> <input type="checkbox"/> G _____
2.9	FIALA, THOMAS A	1500 EAST PINEY RD DICKSON TN 37055	CITI	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.6</u> <input type="checkbox"/> G _____
2.10	FIALA, THOMAS A	1500 EAST PINEY RD DICKSON TN 37055	SOUTHEAST CMNTY CAPITAL	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.14</u> <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name **GLASS CAGES.COM, LLC**

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2018 to Filing Date

Operating a business
 Other **GROSS BUSINESS REVENUE**

\$19,606.00

For prior year:
From 1/01/2017 to 12/31/2017

Operating a business
 Other **GROSS BUSINESS REVENUE**

\$1,264,076.00

For year before that:
From 1/01/2016 to 12/31/2016

Operating a business
 Other **GROSS BUSINESS REVENUE**

\$1,352,512.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. FLEET ONE	SEE ATTACHED EXHIBIT "A"	\$5,540.68	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. VITRO	SEE ATTACHED EXHIBIT "A"	\$36,918.76	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3. EFTPS	SEE ATTACHED EXHIBIT "A"	\$11,586.12	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other QUARTERLY TAX PAYMENTS
3.4. CHUBB INSURANCE	SEE ATTACHED EXHIBIT "A"	\$1,310.76	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other INSURANCE
3.5. CNA INSURANCE	SEE ATTACHED EXHIBIT "A"	\$1,027.12	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other WORKERS COMP INSURANCE
3.6. KUBOTA	SEE ATTACHED EXHIBIT "A"	\$2,166.45	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.7. NORMAN WELL CO	SEE ATTACHED EXHIBIT "A"	\$1,311.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.8. AMERICAN SEALANTS	SEE ATTACHED EXHIBIT "A"	\$3,674.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.9. LOWES	SEE ATTACHED EXHIBIT "A"	\$4,920.18	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.10 MTL MIDDLE TN	SEE ATTACHED EXHIBIT "A"	\$8,054.03	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.11 NATIONWIDE INSURANCE	SEE ATTACHED EXHIBIT "A"	\$9,155.34	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other INSURANCE
3.12 WASTE MANAGEMENT	SEE ATTACHED EXHIBIT "A"	\$1,049.94	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.13 WESSEL INSURANCE	SEE ATTACHED EXHIBIT "A"	\$1,904.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.14 NASHVILLE TEMPERED GLASS	SEE ATTACHED EXHIBIT "A"	\$704.56	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.15 SOUTHWEST AIR CARGO	SEE ATTACHED EXHIBIT "A"	\$2,029.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.16 RIVER CITY REEF	SEE ATTACHED EXHIBIT "A"	\$2,349.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.17 HARBOR TECH PLASTICS	SEE ATTACHED EXHIBIT "A"	\$1,528.04	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.18 SOUTHEAST CAPITAL	SEE ATTACHED EXHIBIT "A"	\$10,674.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>SOLAR SYSTEM</u>
3.19 AT&T	SEE ATTACHED EXHIBIT "A"	\$2,689.44	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.20 FORD MOTOR CREDIT	SEE ATTACHED EXHIBIT "A"	\$1,935.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.21 VERIZON WIRELESS	SEE ATTACHED EXHIBIT "A"	\$661.64	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.22 BMO HARRIS	SEE ATTACHED EXHIBIT "A"	\$7,531.01	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.23 AMERICAN PAPER & TWINE	SEE ATTACHED EXHIBIT "A"	\$2,856.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.24 OVER THE EDGE PLASTICS	SEE ATTACHED EXHIBIT "A"	\$2,454.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.25 REGAL PLASTICS	SEE ATTACHED EXHIBIT "A"	\$961.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.26 UNIVERSAL ROCKS	SEE ATTACHED EXHIBIT "A"	\$2,528.41	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.27 PHILLIPS PET SUPPLY	SEE ATTACHED EXHIBIT "A"	\$1,071.70	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.28 SURPLUS CITY LIQUIDATORS	SEE ATTACHED EXHIBIT "A"	\$1,452.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.29 BARLIES BUILDING SUPPLY	SEE ATTACHED EXHIBIT "A"	\$4,755.11	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.30 LOGICAL POSTIONS	SEE ATTACHED EXHIBIT "A"	\$1,197.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>MARKETING/ADVERTISING</u>
3.31 GOOGLE AD WORDS	SEE ATTACHED EXHIBIT "A"	\$5,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>MARKETING/ADVERTISING</u>

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.32 AMAZON	SEE ATTACHED EXHIBIT "A"	\$1,225.14	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.33 UNISHIPPERS	SEE ATTACHED EXHIBIT "A"	\$4,196.89	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.34 ECHO LOGISTICS	SEE ATTACHED EXHIBIT "A"	\$16,022.64	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.35 ON DECK CAPITAL	SEE ATTACHED EXHIBIT "A"	\$14,190.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.36 CHASE PAYMENT TECH	SEE ATTACHED EXHIBIT "A"	\$4,384.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other CREDIT CARD
3.37 AM EX CREDIT CARD PROCESSING FEES	SEE ATTACHED EXHIBIT "A"	\$1,065.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.38 LENDINI	SEE ATTACHED EXHIBIT "A"	\$20,900.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.39 LENDFI	S:/ECF/ELDER, JOSEPH S & LORI G/CCC2.PDF	\$29,480.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.40 AM EX MERCHANT FINANCING	S:/ECF/ELDE R, JOSEPH S & LORI G/CCC2.PDF	\$35,606.16	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>UCC FILING</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address	Dates	Total amount of value	Reasons for payment or transfer
Relationship to debtor			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
AMERICAN EXPRESS/FUNDING METRICS ATTN: SE LEGAL HOLDS PO BOX 53825 PHOENIX, AZ 85072	ENFORCED UCC FILING- THEY ARE HOLDING THE DEBTOR'S MERCHANT PAYMENTS Last 4 digits of account number: <u>9585</u>	DECEMBER 21, 2017 TO PRESENT	\$1,440.00

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. LEFKOVITZ & LEFKOVITZ 618 CHURCH ST., #410 NASHVILLE, TN 37219	Attorney Fees- \$7,500 Retainer Court Costs- \$1,717	DECEMBER 2017	\$9,217.00

Email or website address
slefkovitz@lefkovitz.com

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

No.

Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No.
- Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

 None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

 None**Name and address****Date of service
From-To**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

 None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

 None**Name and address****If any books of account and records are
unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

 None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

 No Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the
inventory****Date of inventory****The dollar amount and basis (cost, market,
or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
FIALA, ELIZABETH	1500 EAST PINEY RD DICKSON TN 37055	SOLE MEMBER	100% SHAREHOLD ER

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

 No Yes. Identify below.**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

 No Yes. Identify below.**Name and address of recipient****Amount of money or description and value of
property****Dates****Reason for
providing the value**

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
 Yes. Identify below.

Name of the parent corporation**Employer Identification number of the parent corporation****32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- No
 Yes. Identify below.

Name of the parent corporation**Employer Identification number of the parent corporation**

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 11, 2018

/s/ ELIZABETH FIALA
Signature of individual signing on behalf of the debtor

ELIZABETH FIALA
Printed name

Position or relationship to debtor PRESIDENT

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
 Yes

United States Bankruptcy Court
Middle District of Tennessee

In re **GLASS CAGES.COM, LLC**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 7,500.00
Prior to the filing of this statement I have received	\$ 7,500.00
Balance Due	\$ 0.00

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 11, 2018

Date

/s/ Steven L. Lefkowitz

Steven L. Lefkowitz 5953

Signature of Attorney

LEFKOVITZ & LEFKOVITZ

618 CHURCH ST., #410

NASHVILLE, TN 37219

615-256-8300 Fax: 615-255-4516

slefkowitz@lefkowitz.com

Name of law firm

United States Bankruptcy Court
Middle District of Tennessee

In re **GLASS CAGES.COM, LLC**

Debtor(s)

Case No.

Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
FIALA, ELIZABETH 1500 EAST PINEY RD DICKSON TN 37055			100%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **PRESIDENT** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date January 11, 2018

Signature /s/ ELIZABETH FIALA
ELIZABETH FIALA

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Middle District of Tennessee**

In re GLASS CAGES.COM, LLC _____ Case No. _____
Debtor(s) Chapter 11 _____

VERIFICATION OF CREDITOR MATRIX

I, the PRESIDENT of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: January 11, 2018

/s/ ELIZABETH FIALA
ELIZABETH FIALA/PRESIDENT
Signer>Title

GLASS CAGES.COM, LLC
1500 EAST PINEY RD
DICKSON TN 37055

DEX.YP
PO BOX 6010
CAROL STREAM IL 60197

LENDINI
884 TOWN CENTER DR
LANGHORNE PA 19047

STEVEN L. LEFKOVITZ
LEFKOVITZ & LEFKOVITZ
618 CHURCH ST., #410
NASHVILLE, TN 37219

DISCOVER
ATTN: BANKRUPTCY DEPT
PO BOX 3025
NEW ALBANY OH 43054

LOWES
BANKRUPTCY DEPT
PO BOX 965060
ORLANDO FL 32896

AADVANTAGE AVIATOR RED MC
PO BOX 13337
PHILADELPHIA PA 19101

EVEREST BUS FUNDING
ATTN: ALEXANDRA REYES
8200 NW 52 TERRACE 2ND FLOOR
MIAMI FL 33166

ON DECK
1400 BROADWAY
NEW YORK NY 10018

AMERICAN EXPRESS
ATTN: SE LEGAL HOLDS
PO BOX 53825
PHOENIX AZ 85072

FIALA, ELIZABETH A
1500 EAST PINEY RD
DICKSON TN 37055

SOUTHEAST CMNTY CAPITAL
DBA PATHWAY LENDING
201 VENTURE CR
NASHVILLE TN 37228

ASSN COMPANY
C/O CORP SVC CO AS RPSNTVE
PO BOX 2576
SPRINGFIELD IL 62708

FIALA, THOMAS A
1500 EAST PINEY RD
DICKSON TN 37055

BANKAMERICARD AOPA
BANK OF AMERICA
PO BOX 92234
EL PASO TX 79998

FORD MOTOR CREDIT
C/O NATL BANKRUPTCY SVC
PO BOX 62180
COLORADO SPRINGS CO 80962

BMO HARRIS
141 W JACKSON BLVD #1000
CHICAGO IL 60604

FUNDING METRICS LLC
C/O CMRCL ASSET RECOVERY
1330 AVE OF THE AMERICAS #23-A
NEW YORK NY 10019

CHASE
PO BOX 15298
WILMINGTON DE 19886

FUNDING METRICS LLC/LENDINI
884 TOWN CENTER DR
LANGHORNE PA 19047

CHASE SLATE
PO BOX 15298
WILMINGTON DE 19886

KUBOTA CREDIT COP
4400 AMON CARTER BLVD #100
FT WORTH TX 76155

CITI
PO BOX 6241
SIOUX FALLS SD 57117

LENDFI CORP
724 WALT WHITMAN RD
MELVILLE NY 11747

United States Bankruptcy Court
Middle District of Tennessee

In re **GLASS CAGES.COM, LLC**

Debtor(s)

Case No.
Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for GLASS CAGES.COM, LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

**FIALA, ELIZABETH
1500 EAST PINEY RD
DICKSON TN 37055**

None [Check if applicable]

January 11, 2018

Date

/s/ Steven L. Lefkovitz

Steven L. Lefkovitz 5953

Signature of Attorney or Litigant
Counsel for GLASS CAGES.COM, LLC
LEFKOVITZ & LEFKOVITZ
618 CHURCH ST., #410
NASHVILLE, TN 37219
615-256-8300 Fax:615-255-4516
slefkovitz@lefkovitz.com